MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 16 1961

-61-002233

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 4

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal — Length of stay in 1b: 2 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Becky Thatcher Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Pike
c. CITY OR TOWN: Louisana — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): N 7th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Samuel Middle: Irvine Last: Elder

4. DATE OF DEATH: Month 1 Day 1 Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-21-81
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Garage
11. BIRTHPLACE (City and state or country): Pike County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel O. Elder
13b. MOTHER'S MAIDEN NAME: Clerisa Hufford
14. NAME OF HUSBAND OR WIFE: Minnie Elder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mary Brown — Address: Louisana, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized Systemic Collapse — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Dehydration, Malfunction of Heart & Kidneys
DUE TO (c): Generalized Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1/1/61, to ____ and last saw her/him alive on 1/1/61
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: 2910 St. Marys Ave Hannibal, Mo.
22c. DATE SIGNED: 1/4/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-4-61
23c. NAME OF CEMETERY OR CREMATORY: Riverview
23d. LOCATION (City, town, or county) (State): Louisana, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Sterne Funeral Home, Louisana, Mo.
25. DATE RECD. BY LOCAL REG.: 1/6/61
26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. B. Storna

Licensed Embalmer No. 4039

P. O. Address Louisana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.